P	ATENT AP	PLICATION	FEE DET	es are required to rest	n record	App O	lication or E 9/458,17			
CLAIMS AS FILED - PART I (Criumu 2)						SMALL EN	NT(I)Y	-	other th Small en	_
		The second second second	duna ()	NUMBER 6		RATE	FEE	ſ	RATE	FEE
OR		NUMBER	FILED	NOMBER						
BASIC FEE			6		37 F N. N. S.		s	OR		\$
(37 €	FR (.10(a))		16		Service Control		·	OR	, c =	
OTAL CLAIMS			Hillins			X 2		OR	^*	
(37 C	PENDENT CLA PR 1.16(b))	<u></u>	1 minus	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<u> </u>			^- <u></u>	
мU	LTIPLE DEPENI	DENT CLAIM PRES	ENT (37 C	FR 1,14(4)) 0		+=		UR	+=	
ff the	difference in colum	n 1 is less then zero. en	er "O" in column	2		TOTAL		OR	TOTAL	
~~	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL E	NTITY	OR	OTHER TI SMALL EI	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(e))	* 13	Minus	** 16	= 0	x \$=		OR OR	x \$=	
	Independent	* 1	Minus	+++ 1	.= 0	X	1	OR	x	1
Ž	(37 CFR 1.16(0)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.10(d))					+		OR	+	
						TOTAL ADDIT. FEE		OR	TOTAL DDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER		(Column 2) HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
		AMENDMENT		PAID FOR	= 0	1		OR	x \$	
	(27 CFR 1.)6(4))	* 11	Minus	10	ļ	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	OR		
M	Independent	* 1	Minus	1	= 0	<u></u>		OR	×	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.19(4))]	1	OR	+	-
	1 Marine					TOTAL	 	OR	TOTAL	
		(Column I)		(Column 2)	(Column 3)	ADDIT. FEE		J '	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE]	RATE	ADDI TIONA FEE
	Total	*	Minus	4.0	=	x \$=	-	OR OR	x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	390	×		OR	· =	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1643)] +	=	QR	+=	
_	If the entry in col					TOTA ADDIT. FE		OR	TOTAL ADDIT: FEE	

Hunder Hour Statement: This form is estimated to take 0.2 hours to complete. I this will vary depending upon the needs of the individual case.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. I this will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Frademark, Officer, Sashington, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, OC 20231.

